

Powder of Pepsin and Compound Digestive Elixir. The N. A. R. D. Journal, devoted to the business rather than the professional side of pharmacy, defends the Compound Digestive Elixir on the ground that "physicians keep right on prescribing it." The pharmaceutical profession should consider that pharmacists will in the end lose the confidence of the medical profession and the public by the tolerance of worthless pharmaceuticals (Jour. A. M. A., Oct. 23, 1915, p. 1467).

Some "Patent Medicines" for External Application.—The following statements of composition are indicated by the reports of various state boards of health, the government chemists and the A. M. A. Chemical Laboratory: Amarol, a "complexion beautifier," is composed of Epsom salt 95 per cent. and borax 5 per cent. Anti-Freckle Lotion (Gustin's) contains mercuric chloride 1.5 per cent., alcohol 2 per cent. and water 96.5 per cent. Calocide, for "foot trouble," is sodium chloride 22.44 per cent., borax about 37.58 per cent., alum about 39.35 per cent., tannin small amounts. Cerol, which "cleans and clears the skin," is boric acid, stearic acid and perfume. Clearola, which will "whiten the skin," is sulphur. Cuticle Acid, to "remove dead skin," is alcohol 10 per cent. and oxalic acid 2 per cent. Derma-Royale for skin affections, is a dilute alcohol-glycerin solution with small amounts of camphor, myrrh, benzoin and possibly other aromatics in suspension. Eptol, a wrinkle remover, is essentially borax 37 per cent., soap and stearic acid 63 per cent. Fatoff was found to be essentially soft soap. Gloriot Balm, a vanishing toilet cream, is composed of stearic acid, soap and borax 23.7 per cent., water 76.3 per cent. Gloriot Glowene, said to be a substitute for soap, is soft soap. Zemo, for eczema, pimples, dandruff and similar affections, appeared to be a watery-alcoholic solution containing methyl salicylate, thymol, borax, tannic acid, glycerin, menthol and a phenol-like body (Jour. A. M. A., Oct. 16, 1915, p. 1365-7).

Somnoform.—This was originally composed of ethyl chloride 60 per cent., methyl chloride 35 per cent. and ethyl bromide 5 per cent. Now it is said to contain but 1 per cent. ethyl bromide. Like ethyl chloride, Somnoform has been used as a substitute for nitrous oxide before ether anesthesia and for short operations, but has been mostly used by dentists for extractions. It is doubtful if the mixture has any advantage over ethyl chloride. The mortality is less than that of chloroform, but twice that of ether and four times that of nitrous oxide (Jour. A. M. A., Oct. 16, 1915, p. 1391).

Iodum-Miller.—The A. M. A. Chemical Laboratory reports that Iodum-Miller was found to be essentially a solution of iodine and potassium iodide in glycerin containing 1.68 per cent. of free iodine. The Council on Pharmacy and Chemistry reports that Iodum-Miller was not eligible for New and Nonofficial Remedies because incorrect statements are made in regard to its composition; because unwarranted therapeutic claims are made for it; and because the application of a trade name to a simple solution of iodine is not to be countenanced (Jour. A. M. A., Oct. 2, 1915, p. 1202).

JOURNAL OF CUTANEOUS DISEASES.

Beginning with the January, 1916, number, The Journal of Cutaneous Diseases, including syphilis, will be published for the American Dermatological Association by W. M. Leonard, of Boston. Each number will contain 80 pages, and as far as possible be of interest and value to the general practitioner as well as to the dermatologist.

GEORGE M. MacKEE, M. D., Editor.

PEACHES PEELED BY LYE NOT INJURIOUS TO HEALTH.

In spite of the idea held by many people that lye-peeled peaches are injurious to health, Profes-

sor M. E. Jaffa, Consulting Nutrition Expert of the California State Board of Health, says that they are no more injurious than hand-peeled fruits. Except for the marks of the knife on the hand-peeled product, it is impossible to distinguish one from the other. Food value, flavor and quality are unchanged.

The process of peeling fruit by immersing it in hot lye, afterward washing several times with cold water, is used in many canneries throughout the State. The method is rapid and economical. Yet some people will not eat fruit that has been peeled by this process, fearing that it may be injurious to health. No question has been raised, however, concerning the use of the same process in preparing prunes for the market.

Analyses have been made in order to learn if the acidity of the lye-peeled peach is less than that of the hand-peeled peach, and it was determined that the lye process does not affect the acidity of the finished product. The housewife, then, may be assured that canned peaches, peeled by this process, are wholesale and that there is nothing in them that may be injurious to health.

THE AUTOLYSIN TREATMENT OF CANCER.

Richard Weil, New York (Journal A. M. A., Nov. 6, 1915), reviews the results of the Horowitz treatment of cancer, as carried out by Dr. Beebe in the General Memorial Hospital in New York City. In accordance with a well-defined policy of the hospital which approved the test of proposed therapeutic measures in cancer, Dr. Beebe was permitted to make a trial, he stating that he was in possession of complete knowledge of the composition and formula. Dr. Beebe was given the privilege of applying the treatment in a considerable number of cases, under the general clinical supervision of Dr. Weil. Only such cases were taken as could not be helped materially by other means available. In nearly all the cases the patients were given the benefit of radium or Roentgen-ray treatment in addition to the autolysin method. That all the patients were moribund or in a very serious condition was not the case. Some of the patients put in Dr. Beebe's hands were in apparently good physical condition, though the nature of their ailment, as often happens in cancer, made successful treatment by other methods impossible. If the treatment had any real value it should have been shown in such cases. Since Jan. 1, 1915, twenty-three cases have been treated in the wards of the hospital with autolysin by Dr. Beebe. Of these, fourteen patients died in the hospital and eight were discharged unimproved. Only one is at the present, to the best of Weil's knowledge, in a condition that could be considered an improvement over that at the time of his admission. Although the general outcome of the cases was not affected by Beebe's treatment, the clinical course was somewhat altered. The method caused, when injections were made into the tumors, suppuration and sloughing as is characteristic of irritant or destructive substances in such cases and did not in this constitute any advance over former methods. Subcutaneous injections given distant parts of the body were followed sometimes by improvement in the appearance of ulcerated tumors but no greater than that seen to follow the ordinary surgical dressings usually employed in such cases, and to these Weil attributes the temporary change for the better. The more general good effects claimed by Beebe from autolysin, such as relief of pain and insomnia, and increase of appetite, were what might be looked for, Weil claims, by the hopefulness aroused by a lauded new remedy. Contrasted with such occasional effects is another set of results very inadequately mentioned by Beebe in his articles. Half the patients at least were most unfavorably affected by the local injections. The pain was often so severe that the patients refused to accept the treatment.

The swelling often gave distress and in two instances the treatment appeared to be responsible for an almost fatal hemorrhage, and these unquestionably outweighed the very questionable advantages claimed. Weil discusses particularly two of the cases published by Beebe in which all the improvement observed is, he suspects, due to the simultaneous Roentgen-ray treatment, which often gives brilliant, if temporary, results. He deprecates the publicity used as leading to hopes that cannot be realized, causing useless expense and long and painful journeys to receive treatment. His own personal belief, based on observation, is that autolysin treatment is useless and liable to do damage rather than good. The article is illustrated.

FULL-TIME HEALTH OFFICERS.

The necessity of health officers giving their full time to their official functions is pointed out by J. W. Kerr, Washington, D. C. (Journal A. M. A., Nov. 6, 1915). In this country he says the health service has been a plant of slow growth, stimulated mainly by epidemics. The funds appropriated have been too inadequate and the conditions all over the land have been bad. In Kansas, for instance, there were no full-time health officers prior to the present year, and in Illinois, with the exception of the city of Chicago and La Salle, Peru and Oglesby, which have joined forces, there are, so far as reported, no full-time health officers at present, and only 106 paid health officers in the state, some of these receiving only \$5 a year. While local health administration should be the strongest defense against disease, it is in reality the weakest in our national resources. The federal or state governments cannot be expected to act locally except in special emergencies and normally should only exercise advisory and supervisory control as regards local matters. Authority has been dissipated and intrusted to separate boards and commissions to the damage of public health in general. It would be advisable to have more joint action between communities, several jurisdictions combining to support health officers that can give all their time, and only this will give us efficient local health administration. In Germany, he says, he found by inquiry that the imperial government, while authorized to act, had found it unnecessary because of the efficiency of the local health authorities. Recent legislation in several states is reviewed by Kerr and some progress has been made toward having efficient local health boards, especially in certain states, such as North Carolina and Massachusetts and in proposed legislation in others. Such legislation should be encouraged.

THE COMMANDMENTS GOVERNING THE RELATIONS OF THE PUBLIC WITH THE DOCTOR.

The medical society of Frankfort has elaborated ten commandments or rules to govern the relations of the public to the doctor. These rules have been printed and the doctors are asked to distribute them among their patients and to post them in their waiting rooms. The rules are as follows:

1. Do not call the doctor unnecessarily for trivial illness, and do not wait too long in the case of serious illness or until the illness has reached such a stage of severity that it is imperative to call the doctor. Much valuable time may be lost by delay in securing medical assistance.
2. If your condition permits, consult the doctor during his office hours and do not ask him to come to you. Some examinations can be made only in the doctor's office, where certain instruments which cannot easily be transported are kept.
3. If you have decided that you will call the doctor, inform him to that effect before he leaves

his home to make his calls; that is, before 9 o'clock in the morning. The doctor must lay his plans for the day's work ahead of time, and if you wish to assure yourself of an early visit, send in an early call.

4. Do not ask the doctor to call at a certain hour, but leave the time for making a visit to him, if your case is not urgent or not an emergency case which demands an immediate response to your call. The doctor is never master of his time, and it is very difficult for him to make a visit at a certain time. The business man should not expect his doctor to time his call at the noon hour when the former can leave his business and be at home. If he cannot consult the doctor during office hours, he should go home and remain there until the doctor can come to see him.

5. Do not ask the doctor to come immediately when it is not necessary. Such a visit, being an emergency visit, is combined with great inconvenience and loss of much time, as it interferes with other work. At the same time, other patients who should be visited first are slighted thereby.

6. Never call the doctor at night except in an emergency case. The doctor is human, and like every other man must have his rest. A tired, worried and overworked doctor, one who is frequently disturbed in his sleep, naturally cannot render such efficient service to his patient as he could if his rest were not broken so much.

7. On Sunday the doctor should be allowed to rest. No demand should be made on his time, except when his services are absolutely needed.

8. If a doctor is needed to answer an emergency call, please do not notify more than one man at the same time. If, in the confusion of the moment, more than one doctor has been called, countermand multiple calls as soon as possible.

9. When the doctor is expected, please have everything ready for him so that time will not be lost. Above all things, do not expect the doctor to wait to see you, but have your room and yourself in readiness to receive him. Have water, soap and towel in readiness for him, likewise pen and ink and anything else that might be needed by him, to avoid delay.

10. Do not detain the doctor unnecessarily during his office hours. Other patients are waiting to see him, each in his turn, and lost time may be a valuable item for them. Furthermore, other patients are awaiting the doctor at their homes. Female patients should be prepared to submit to any examination with as little loss of time as possible, and be so dressed that they can leave the office quickly and without the assistance of a maid.—Journal A. M. A.

THE NOVEMBER MEETING OF THE STATE BOARD OF HEALTH.

The State Board of Health met at the office of the Board in Sacramento on November 6. The members present were Dr. George E. Ebright, President; Dr. Fred F. Gundrum, Vice-President; Dr. Edward F. Glaser, Dr. Adelaide Brown, Dr. Robert A. Peers, and Dr. Wilbur A. Sawyer, Secretary.

On account of the marked increase in the work of the Bureau of the Hygienic Laboratory and the variety of its functions, the name of the Bureau was officially changed to the more correctly descriptive title, Bureau of Communicable Diseases, by the following resolution:

Resolved, That the State Hygienic Laboratory may be designated, in the public and private communications of the Board, as the Bureau of Communicable Diseases.

The position of Director of the Bureau of Communicable Diseases, formerly known as the Bureau of the Hygienic Laboratory, was filled by the ap-